

Seeking consensus, and how to account for dissent.

Laszlo Kosolosky and Jeroen Van Bouwel

Ghent University, Belgium

Abstract

Different types of organizations, e.g. National Institute of Health (NIH), Intergovernmental Panel on Climate Change (IPCC), Canadian Association of Gastroenterology (CAG), American Psychological Association (APA), aspire consensus in different ways, through different research processes.

First, we introduce a rudimentary continuum to deal with these consensus seeking organizations, arguing that the continuum ranges from consensus conferences to systematic review. The ground for comparison is the benefits these organizations share, be it each in a particular manner. As understood today, one deciding factor for their place on the continuum is the extent to which they appeal to, what we will call, deliberative interaction, consisting of inter- and intralevel deliberation, and deliberation after direct confrontation.

Second, we use these insights to shape further philosophical discussion on the aim of aspiring consensus versus the need for uptake of dissent. This quarrel can be understood as follows: On the one hand, when push comes to shove, establishing a scientific consensus is imperative to solve controversies, such as global warming. Establishing a consensus on the causes and extent of global warming could facilitate policymaking and, moreover, send a convincing signal that doing nothing will have dire consequences. On the other hand, studies carrying attention for plurality and heterodoxy have raised questions concerning the ideal of the scientific consensus, and, connected to it, the neglect of dissent (Longino, 2002; Solomon, 2006; Van Bouwel 2009). In solving this tension between plurality and consensus, which is not always made explicit in knowledge-based accounts of consensus (Gilbert, 1987; Miller, 2012), there is, as we claim, a meta-consensus or a meta-agreement in play. Therefore, instead of focusing on consensus on the simple level (that is, as the result of alternative theories/models tested against one another eventually thought to be leading to some consensus *outcome*) we can shift to analyzing the meta-consensus that stipulates the *procedure* to be followed. A meta-consensus on the procedure can guarantee, on the one hand, that divergent opinions are heard (without having to endorse a group consensus). In this account, consensus (in the absolute sense of the term) is no longer regarded as an end in itself. On the other hand, this approach allows us to maximize consensus (understood here in a relative sense) by going through the established procedure and afterwards portraying the present consensus through known democratic methods (such as majority rule, voting, aggregation and negotiation). The underlying account of consensus will thus be a social one (not stipulating the characteristics the outcome should have, but stipulating the social procedure that has to be followed). As a result, understandings of consensus-making differ in how much weight they place on procedures relative to substantive considerations about the quality or characteristics of the outcomes of these processes.

The two parts taken together thus imply that consensus comes in degrees, depending on the extent to which the procedure has been followed, repeated, etc. Moreover, it serves as a framework to reinvestigate current claims on consensus making in consensus conferences as not bringing about rational consensus (Solomon, 2007 & 2011).

References.

Gilbert, M. (1987). Modelling collective belief. *Synthese*, 73(1): 158-204.

Longino, H. E. (2002). *The fate of knowledge*. Princeton: Princeton University Press.

Miller, B. (2013). When is consensus knowledge based? *Synthese*, online first.

Solomon, M. (2006). Groupthink versus The Wisdom of Crowds: The social epistemology of deliberation and dissent. *The Southern Journal of Philosophy*, 44: 28-42.

Solomon, M. (2007). The Social Epistemology of NIH consensus conferences. In Kincaid H. & McKittrick J. (eds.) (2007). *Establishing Medical reality: Essays in the metaphysics and epistemology of biomedical science*: 167-177. Springerlink.

Solomon M. (2011). Group Judgment and the Medical Consensus Conference. In: Dov M. Gabbay and John Woods, editors, *Handbook of The Philosophy of Science: Philosophy of Medicine*: 239-254. San Diego: North Holland.

Van Bouwel J. (2009). 'The problem with(out) consensus: The scientific consensus, deliberative democracy and agonistic pluralism.' In: J. Van Bouwel (ed.). *The Social Sciences and Democracy*: 121-142. Basingstoke: Palgrave Macmillan.